

CDC Recommendations for Hepatitis B Screening and Testing

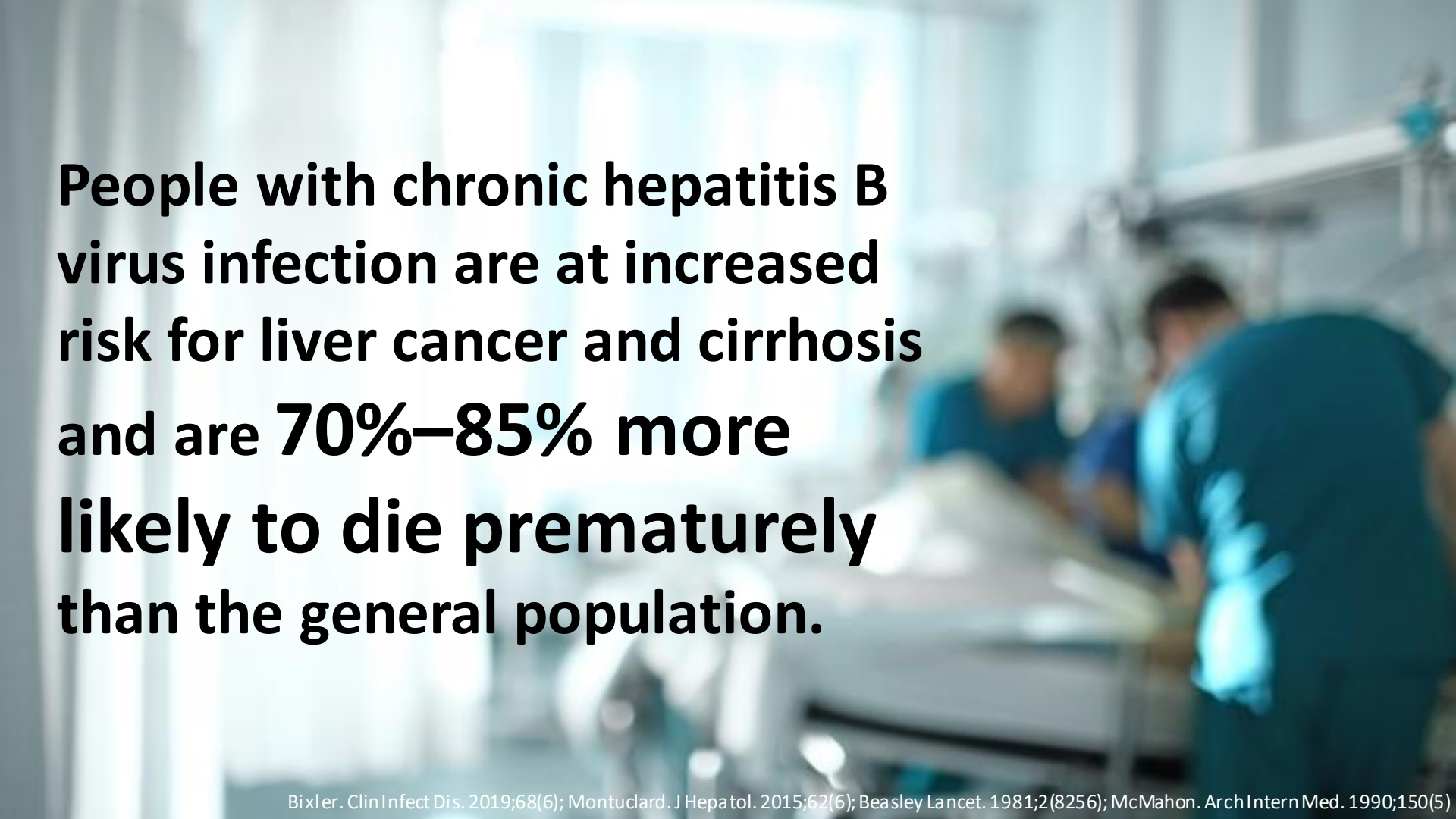
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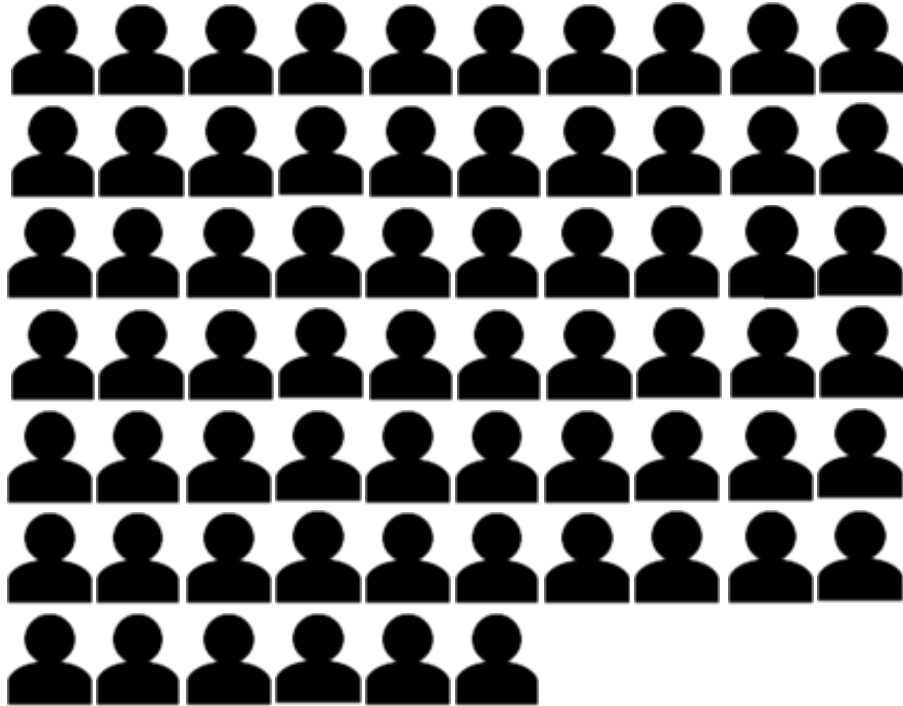
Division of Viral Hepatitis

Disclaimer

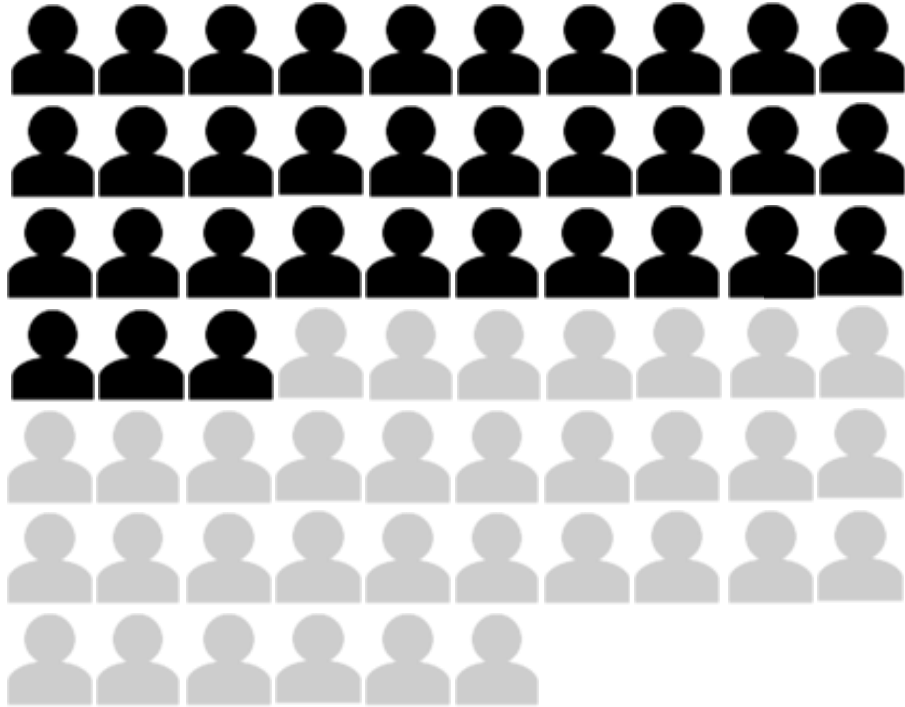
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- I have no conflicts of interest or disclosures to make

A blurred background image of a hospital or clinical setting. Several people in blue scrubs are visible, likely medical staff, working around a patient in a bed. The scene is brightly lit, suggesting an indoor clinical environment.

People with chronic hepatitis B virus infection are at increased risk for liver cancer and cirrhosis and are 70%–85% more likely to die prematurely than the general population.



There are
660,000
people living with
hepatitis B in the
U.S.



50% are aware
of their infection

Hepatitis B in the U.S. — a tale of two epidemiologies

- **People born outside the U.S.**
 - Chronic infection since childhood

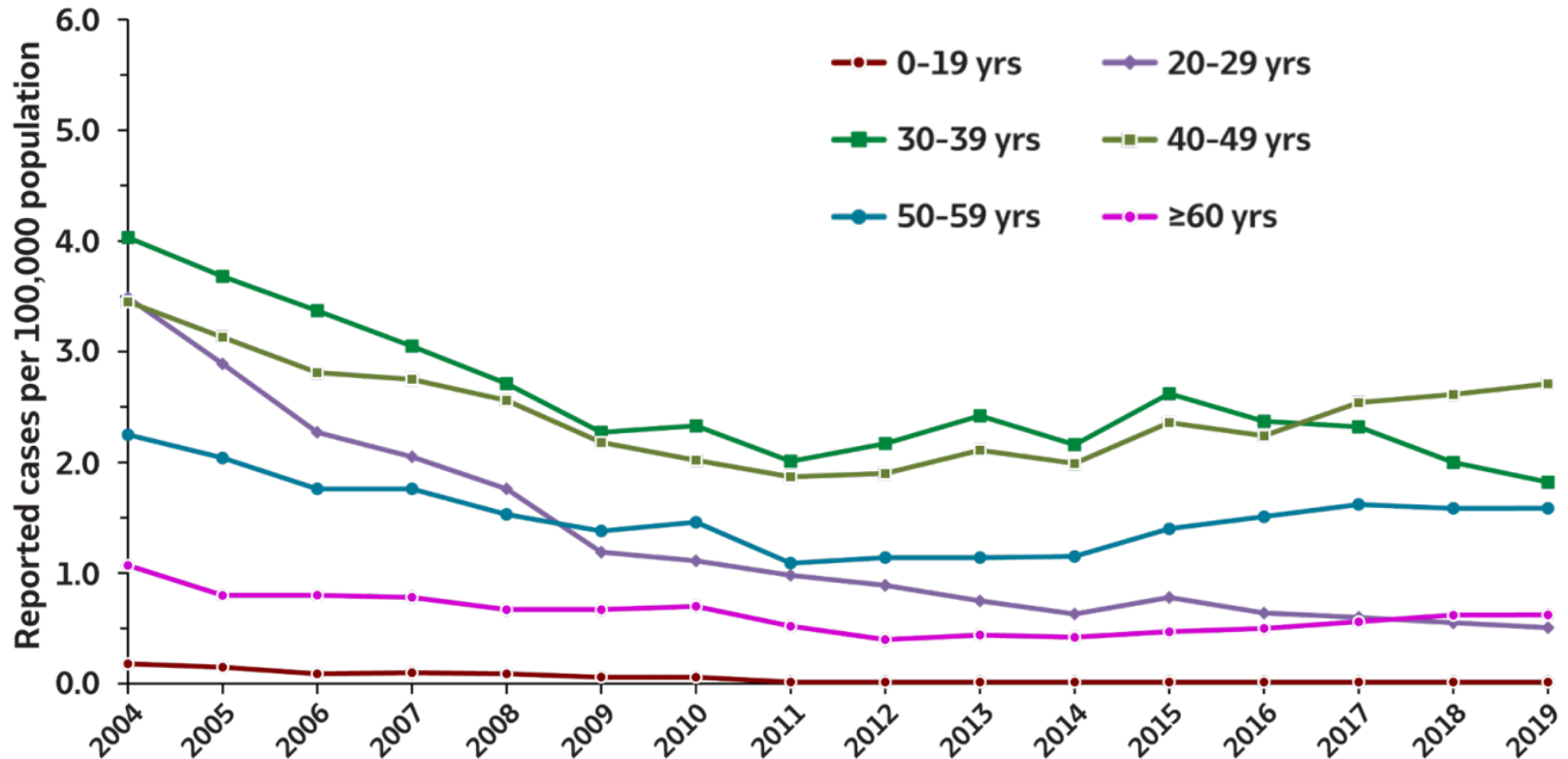


Hepatitis B in the U.S. — a tale of two epidemiologies

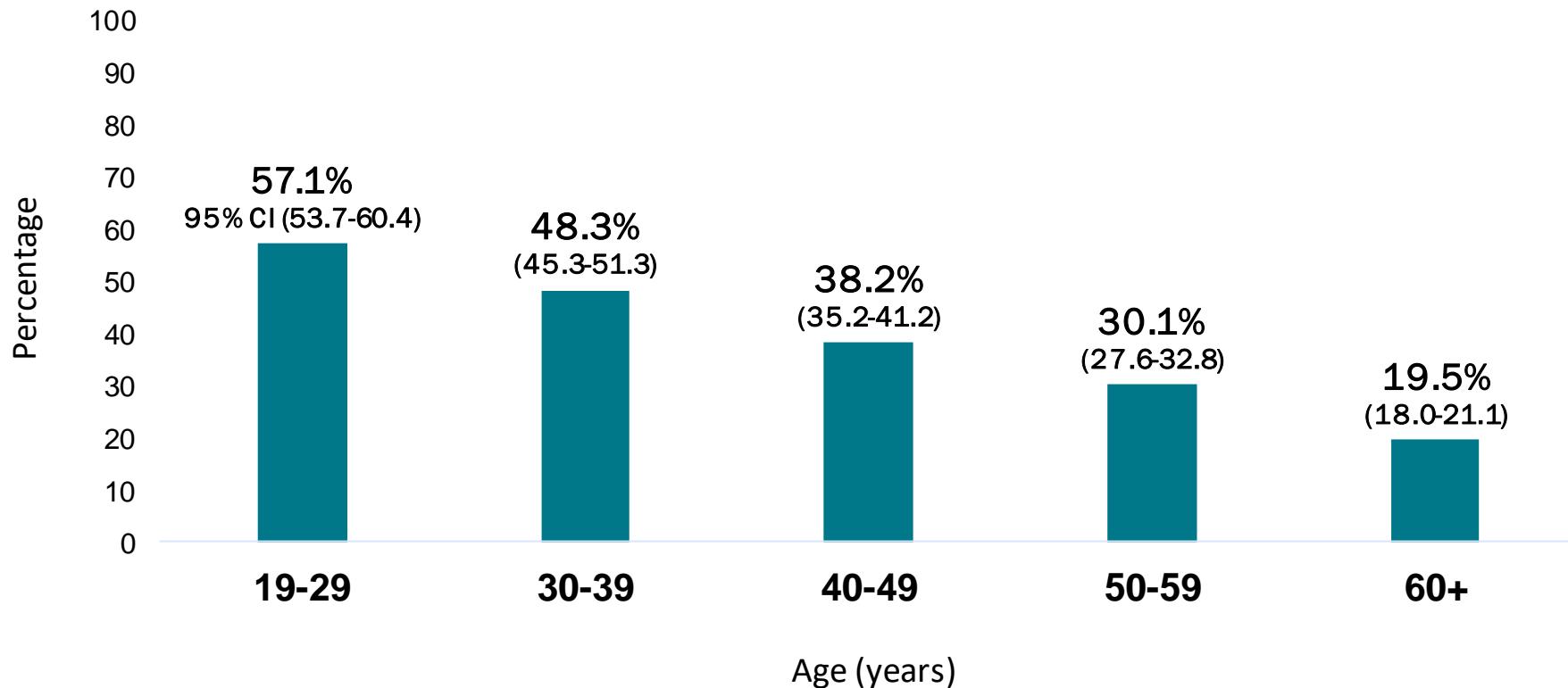
- **People born outside the U.S.**
 - Chronic infection since childhood
- **Unvaccinated people with behavioral risk factors**
 - Injection drug use, unprotected sex
 - Acute infections as adults, lower risk of chronic infection



New hepatitis B virus infections are in adults 19 years and up.



Hepatitis B vaccination coverage in adults with ≥ 1 risk factor decreases by age.

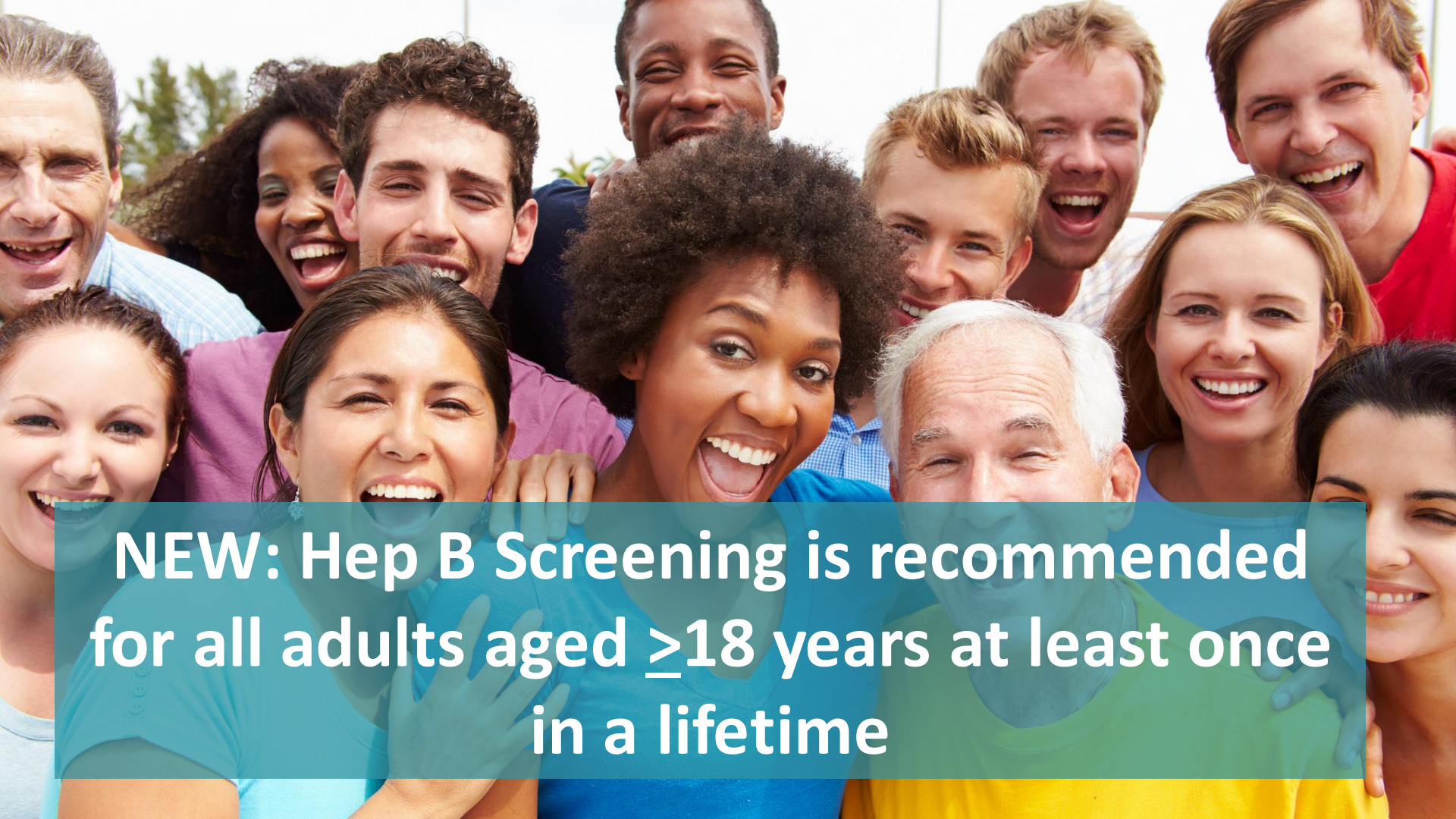


Limitations of current risk-based testing approach



Over 2/3 of reported acute HBV cases were either missing risk data or reported no identified risk

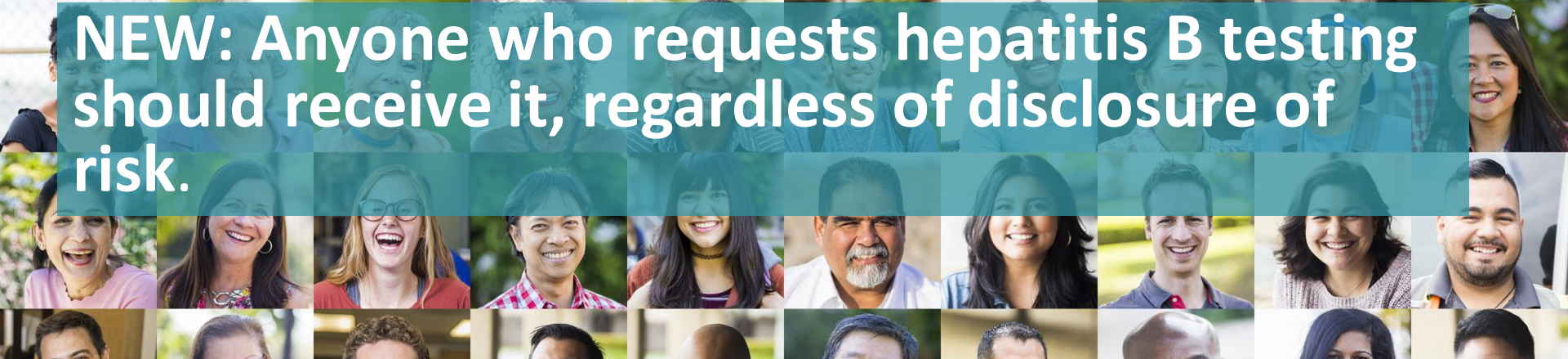
Screening and Testing Recommendations

A diverse group of smiling people of various ages and ethnicities. The group includes a young woman with dark hair, a young man with curly hair, a man with a beard, a man with short blonde hair, a man with long blonde hair, a man with short brown hair, a woman with long brown hair, a woman with dark hair, a woman with long dark hair, and an older man with white hair. They are all smiling and looking towards the camera.

**NEW: Hep B Screening is recommended
for all adults aged ≥ 18 years at least once
in a lifetime**

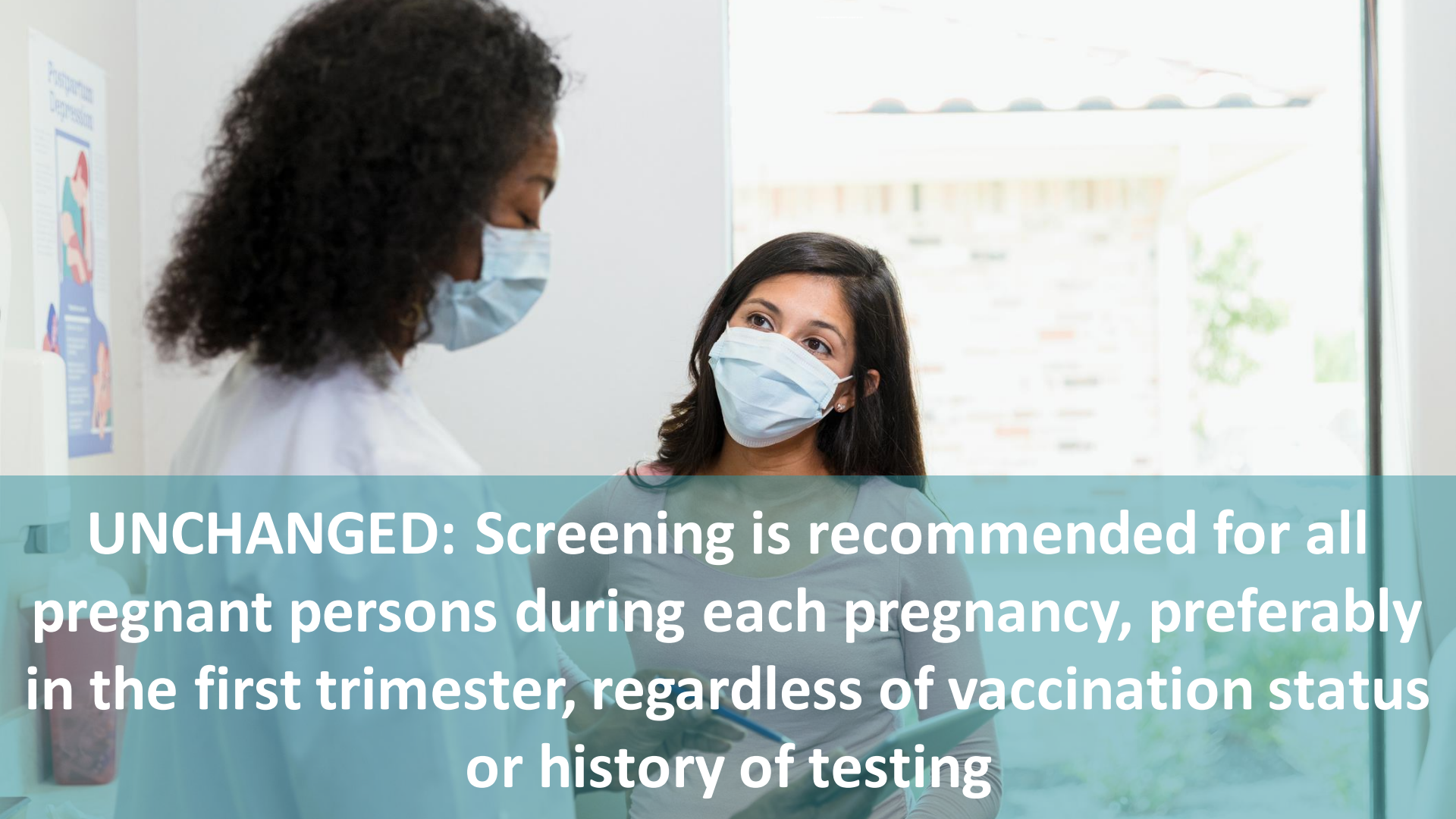


NEW: Anyone who requests hepatitis B testing should receive it, regardless of disclosure of risk.



Rationale for Universal Screening

- ✓ **HBV infection has substantial morbidity and mortality**
- ✓ **Chronic infection can be detected before the development of severe liver disease using reliable and inexpensive screening tests**
- ✓ **Treatment for chronic HBV infection can reduce morbidity and mortality**
- ✓ **Reduce risk of transmission**
- ✓ **Cost-effective**
- ✓ **Screening can identify people who are at risk for reactivation**
- ✓ **Screening might identify people who would benefit from vaccination**



UNCHANGED: Screening is recommended for all pregnant persons during each pregnancy, preferably in the first trimester, regardless of vaccination status or history of testing

The following people have an increased risk for HBV infection and are recommended for periodic testing:

- infants born to hepatitis B surface antigen (HBsAg)-positive pregnant people
- people born in regions with hepatitis B prevalence >2%
- U.S.-born people not vaccinated as infants whose parents were born in regions with hepatitis B prevalence >8%
- people with current or past IDU
- **people currently or formerly incarcerated in a jail, prison, or other detention setting** [*New recommendation*]
- people with HIV infection
- **people with current or past hepatitis C virus infection** [*New recommendation*]
- men who have sex with men
- **people with current or past sexually transmitted infections (STIs) or multiple sex partners** [*New recommendation*]
- current or former household contacts of people with known HBV infection
- needle-sharing or sexual contacts of people with known HBV infection
- persons on maintenance dialysis, including in-center or home hemodialysis and peritoneal dialysis, or who are predialysis
- people with elevated alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels of unknown origin

Screening Tests

HBsAg

Anti-HBs

Total anti-HBc

HBsAg



Current infection?

Anti-HBs



**Current immunity?
(natural or vaccine)**

Total anti-HBc



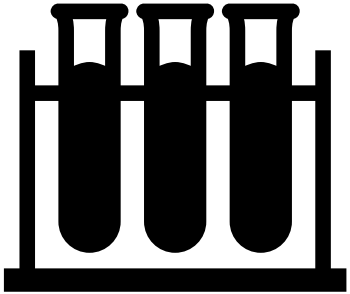
Ever infected?

2022 ACIP Recommendations Adult HepB Vaccination

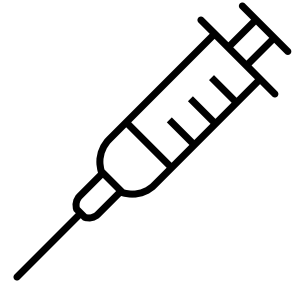


- **The following groups *should* receive hepatitis B vaccines:**
 - Adults aged 19 - 59 years
 - Adults aged ≥ 60 years with risk factors for hepatitis B

- **The following groups *may* receive hepatitis B vaccines:**
 - Adults aged ≥ 60 years without known risk factors for hepatitis B

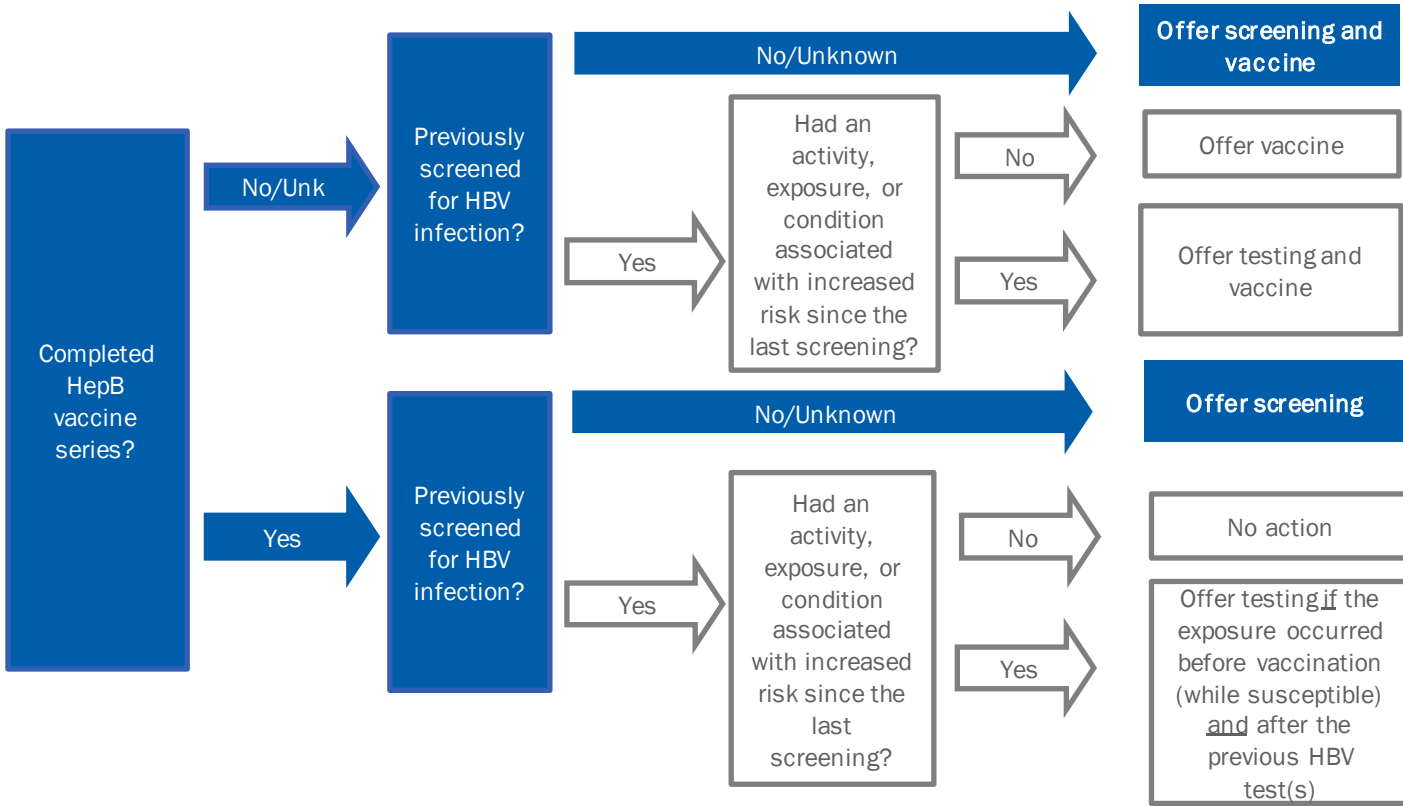


- **Collect blood**
- **Offer vaccine per ACIP**
- **No need to wait for results**
- **Screening should not be a barrier to vaccination**



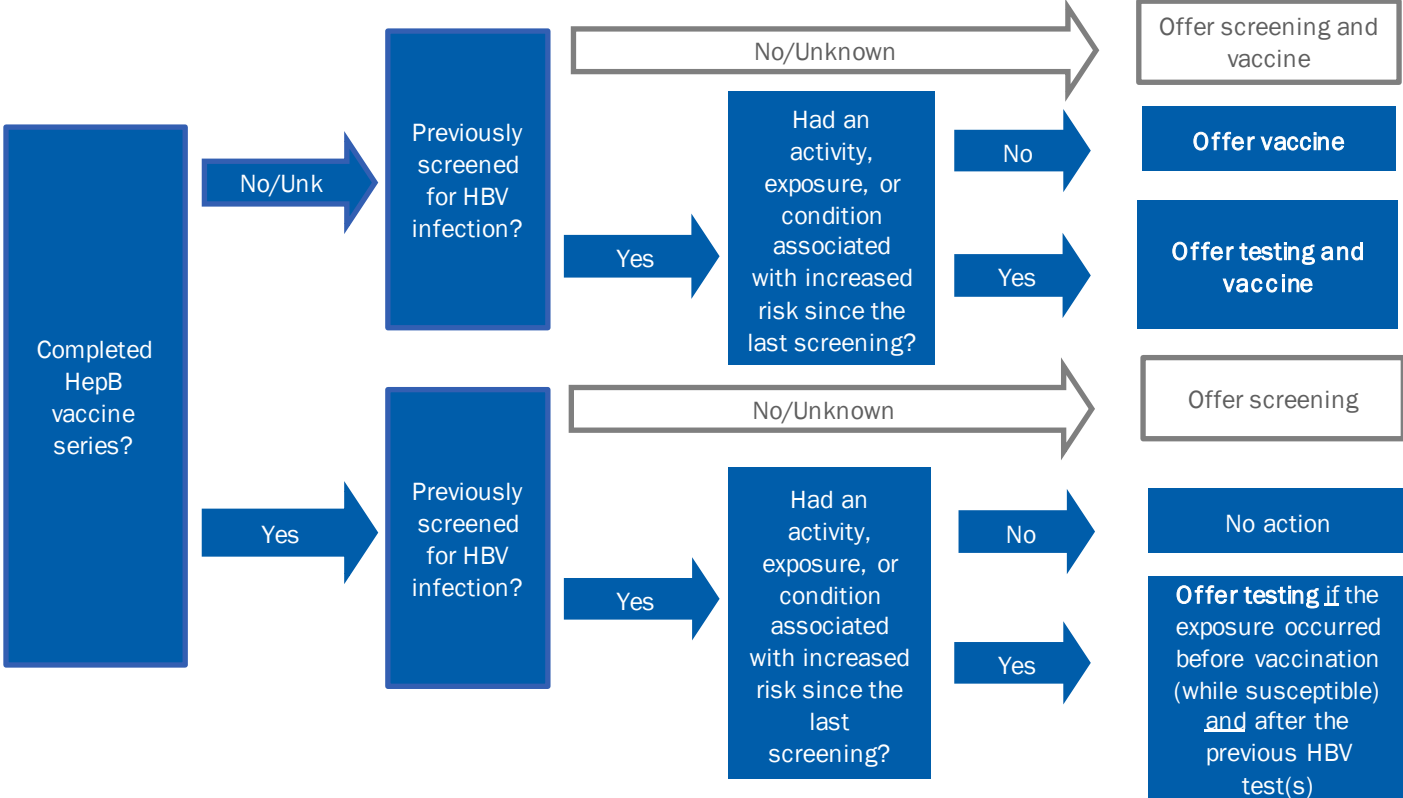
Incorporating hepatitis B screening into a clinic workflow

Nonpregnant adults ≥ 18 years without a known history of HBV infection



Incorporating hepatitis B testing into a clinic workflow

Nonpregnant adults ≥ 18 years without a known history of HBV infection



Other Resources

- **Hepatitis B Online – University of Washington**

- <https://www.hepatitisb.uw.edu/> [lots of serology interpretation!]
- Hepatitis B Management: Guidance for the Primary Care Provider

- **Hepatitis B Foundation**

- <https://www.hepb.org/>

- **Web MD**

- https://www.medscape.org/viewarticle/972018?src=acdmultipart_cdc_972018

- **Immunize.org**

- https://www.immunize.org/askexperts/experts_hepb.asp

Other Resources

■ CDC Recommendations for HBV Screening, Testing and Vaccination

— <https://www.cdc.gov/hepatitis/hbv/HBV-RoutineTesting-Followup.htm>

Population	Recommendation	
	Screening and Testing	Vaccination
Adults with no known risk factors for hepatitis B	<ul style="list-style-type: none"> If never previously screened, test for HBsAg, anti-HBs, and total anti-HBc (triple panel) 	<ul style="list-style-type: none"> Vaccinate adults aged 18 – 59 years
People with risk factors, regardless of age, such as: <ul style="list-style-type: none"> People born in regions of the world with hepatitis B prevalence >2% U.S.-born people not vaccinated as infants whose parents were born in regions with hepatitis B prevalence >8% People with current or past injection drug use People who share needles, or sexual contacts of people with known HBV infection People currently or formerly incarcerated in a jail, prison, or other detention setting People with HIV infection People with current or past hepatitis C virus infection 	Screening and Testing <ul style="list-style-type: none"> If never previously screened, test for HBsAg, anti-HBs, and total anti-HBc (triple panel) <ul style="list-style-type: none"> Unless less than aged 18 years and completed a vaccine series as an infant If previously screened, but still unvaccinated, offer testing to people who have ongoing risk for exposure <p>For additional screening considerations for patients on dialysis, see: Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients (cdc.gov)</p>	Vaccination <ul style="list-style-type: none"> Vaccinate <p>For additional considerations for patients on dialysis, see Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients (cdc.gov)</p>

Acknowledgements

Guideline workgroup and steering committee

- Erin Connors (LEAD)
- Noele Nelson
- Lakshmi Panagiotakopoulos
- Jessica Brown
- Liesl Hagan
- Aaron Harris
- Megan Hofmeister
- Karina Rapposelli
- Amy Sandul
- Philip Spradling
- Carolyn Wester

Prevention Policy Modeling Lab

- Mehlika Toy
- David Hutton
- Joshua Salomon
- Samuel So

HepB Vaccine Guidance

- Mark Weng

Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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Preventing Liver Cancer in Iowa

Katie Jones, MPH
Program Manager, Comprehensive Cancer Control Program

November 7, 2023

Demonstration Project

- The Iowa Department of Health and Human Services (Iowa HHS) was selected by the CDC to engage in a liver cancer demonstration project titled “Preventing Liver Cancer in Iowa by Promoting Vaccination and Screening Among Opioid Users.”
- Iowa HHS partnered and subcontracted with the Iowa Primary Care Association (Iowa PCA), which serves Federally Qualified Health Centers (FQHCs) across Iowa.
- The project primarily focused on the following strategies:
 - Provider education: educating communities, patients, and providers regarding the link between the opioid crisis, increased rates of viral hepatitis, and liver cancer.
 - Improving delivery of viral hepatitis services.



Project Achievements: Provider Education

8- live educational sessions delivered through HCV and BH ECHO platforms

251- providers (not all unique) participated in the 8 live sessions

8- recorded sessions made available to registered participants through Iowa PCA SharePoint site

3- recorded sessions on hepatitis available on DMU's website

6- sessions approved by DMU for CME credits; 85 participants awarded CME credits during project period

24- providers completed retrospective pre-post assessment

Project Achievements: Improving Delivery of Viral Hepatitis Services

14- ECHO sessions on HCV conducted

99- Cases presented across all sessions, of these:

- All were patients diagnosed with chronic HCV
- 52 unique providers participated across all sessions
- 42 hepatitis A vaccines and 48 HBV vaccines were administered
- 14 patients were in queue to begin HCV
- 11 patients were started on HCV treatment
- 5 patients completed HCV treatment

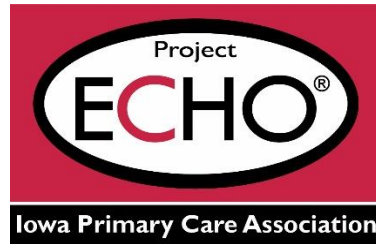
Next Steps: Hepatitis B

The Iowa PCA's HCV ECHO on November 21 is going to focus on hepatitis B, including:

- HBV screening and management with the recent universal HBV screening
- Updated recommendations for vaccines including data regarding HEPLISLAV for HIV primary vaccination
- Issues related to PREP and HIV/HBV coinfection including testing before switching to tenofovir-based regimens including LAIs

Join the Iowa PCA ECHOs!

- Behavioral Health ECHO
 - Learn treatment options for common mental health conditions and connect with peers from around the state to learn best practices
- HCV ECHO
 - Meet the Iowa Medicaid prescribing requirements for PCPs to treat HCV patients and learn more about HCV
- No cost CME credit provided – 90-minute sessions once a month
- To register email ECHO@iowapca.org:
 - Name
 - Title
 - Organization Name
 - Email



Additional Considerations for CCC Programs and Cancer Coalitions

1. Is HCV and HCB incorporated into your cancer plan? If so, how and where? Does it need to be updated?
2. Who within the jurisdictional health department is responsible for getting the word out about the HCB screening recommendations? How can you as the CCCP grantee and/or cancer coalition help get the word out?

Iowa Cancer Plan

Iowa Cancer Plan

Introduction

CHAPTER 1

Health Equity

CHAPTER 2

Prevention and Risk Reduction

CHAPTER 3

Early Detection and Screening

CHAPTER 4

Diagnosis and Cancer-Directed Therapy

CHAPTER 5

Survivorship and End-of-Life Care

CHAPTER 2

Prevention and Risk Reduction

OVERVIEW

PRIORITY 1

PRIORITY 2

PRIORITY 3

PRIORITY 4

PRIORITY 5

PRIORITY 6

PRIORITY 7

PRIORITY 8

Priority 4: Increase immunization rates for vaccines shown to reduce the risk of cancer and protect cancer patients from preventable diseases.

Strategy A: Increase public awareness and knowledge of vaccines proven to reduce the risk of cancer and protect cancer patients from vaccine preventable diseases.

Action Steps:

- o Create culturally relevant and accessible education campaigns to inform the public on the value of the HPV and Hepatitis vaccines as a tool for cancer prevention.

https://canceriowa.org/cancer-plan/introduction/#chapter-2_priority-4



Iowa Cancer
Consortium

Iowa Cancer Plan

Introduction

CHAPTER 1 Health Equity

CHAPTER 2 Prevention and Risk Reduction

CHAPTER 3 Early Detection and Screening

CHAPTER 4 Diagnosis and Cancer- Directed Therapy

CHAPTER 5 Survivorship and End-of-Life Care

CHAPTER 2

Prevention and Risk Reduction

OVERVIEW PRIORITY 1 PRIORITY 2 PRIORITY 3 PRIORITY 4 PRIORITY 5 PRIORITY 6 PRIORITY 7 PRIORITY 8

Priority 5: Prevent, diagnose, and treat hepatitis C virus (HCV).

Strategy A: Increase education and awareness of the relationship between hepatitis C and cancer.

Action Steps:

- o Educate health providers and patients about hepatitis C and testing recommendations (source).
- o Encourage health systems to utilize evidence-based strategies, such as system-based patient reminder tools, to identify patients recommended for HCV testing.
- o Educate policy makers on evidence-based interventions, such as Syringe Services programs (SSPs) to prevent transmission of HCV.
- o Increase the number of people with chronic HCV who receive and complete treatment, especially among

https://canceriowa.org/cancer-plan/introduction/#chapter-2_priority-5



Iowa Cancer
Consortium

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